



**CITY OF DALTON, GEORGIA  
HUMAN RESOURCES DEPARTMENT**

Please find attached a job application for the City of Dalton. This application is required in order for you to be considered an applicant. Please be sure to fill out all pages, front and back. If you are mailing it back to us, the Authorization to Obtain a Consumer Report and Background Information Form must be notarized. If you fax or email this application to us at (706) 281-1264; this form still must be notarized. Please call us with any questions at 706-281-1267. Thank you for your interest in the City of Dalton.

CITY OF DALTON  
Human Resources  
P.O. Box 1205  
Dalton, GA 30722-1205  
Phone: (706) 281-1267  
Fax: (706) 281-1264

**JOBLINE: (706) 279-9023**

# APPLICATION FOR EMPLOYMENT

## City of Dalton, Georgia

P.O. Box 1205 (30722-1205), 300 W. Waugh St. (30720), Dalton, Georgia

Check box for department applying for:      City Administration      City Clerk      City Finance  
CVB      Fire Dept.      Human Resources      Municipal Court      Parks & Rec.  
Police Dept.      Public Works Dept.      Solid Waste Authority

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:      Advertisement      Friend      Relative      Employment Agency  
Other (list) \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET COUNTY

CITY STATE ZIP

Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Work Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AREA CODE

Email: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Have you filed an application with the City before?      Yes      No      Date: \_\_\_\_\_

Have you ever been employed in any City Department before?      Yes      No      Date: \_\_\_\_\_

Are you eligible to work in the United States?      Yes      No

Are you available to work? (Check all that apply)      Full Time      Part Time      Shift Work      Over Time

Are you on a lay-off subject to recall?      Yes      No

Can you travel if a job requires it?      Yes      No

Is there anything that would prevent you from performing in a reasonable and safe manner, the activities involved in the position in which you have applied?      Yes      No

If yes, please explain: \_\_\_\_\_

Do any of your friends or relatives work for the city?      Yes      No

If yes, list name(s): \_\_\_\_\_

Have you ever been convicted of a crime?      Yes      No

If yes, explain and give dates: \_\_\_\_\_

## AN EQUAL OPPORTUNITY EMPLOYER

Are you a veteran of the U.S. military service?      Yes      No

If yes, what was your Branch of U.S. military service? \_\_\_\_\_

What language(s) do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and office held. (Exclude groups which indicate race, color, religion, sex or national origin):

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Give name, address and phone number of three references not related to you:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or most recent job. Do not put "see resume" or a similar statement in the boxes; you should provide all requested information.

May we contact your current employer?      Yes      No

What shift do you currently work?      1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      N/A

	Dates Employed		
	From	To	
Employer Name			Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

	Dates Employed		
	From	To	
Employer Name			Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

  

	Dates Employed		
	From	To	
Employer Name			Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

**Please list any other previous Employers:**

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

# EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name and Location				
Years Completed: (circle)		9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree/GED:				
Describe course of study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:				

Honors Received: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

Summarize special skills and qualification acquired from employment or other experience: \_\_\_\_\_

List any software and/or office equipment with which you are proficient: \_\_\_\_\_

List any specialized licenses you are qualified with or any heavy equipment you are able to operate (i.e. have CDL, etc.): \_\_\_\_\_

By signing here, I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize a representative of the City of Dalton to check my references and past employers and agree to hold harmless anyone providing reference information. In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I understand, also, that I am required to abide by all rules and regulations of the City of Dalton. I also understand that my employment is at-will and both I and/or my employer may choose to terminate my employment at any time. The City's policies do not create a property right of employment. This application may remain active for 90 days.

Signature of Applicant

Date

**NOTIFICATION TO INDIVIDUAL THAT  
A CONSUMER REPORT MAY BE OBTAINED**

In compliance with the Amended Fair Credit Reporting Act and applicable state law, this notice is to inform you that a consumer report may be obtained in connection with your application for employment or your current employment with the City of Dalton.

A "consumer report" is any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for employment.

"Consumer report" is any information obtained from a "consumer reporting agency" and may include, but is not limited to the following: criminal history records, drug screening tests, driving records, school attendance records, school transcripts, military service records, credit records, records of former addresses, and any other public information or consumer reports.

**AUTHORIZATION TO OBTAIN A CONSUMER REPORT  
AND BACKGROUND INFORMATION**

By signing below, I authorize the City of Dalton (the "City") and its agents and employees, to obtain consumer reports and background information on me during the application process, and if hired, during my employment, including among other things, criminal history records, drug screening tests, driving records, school attendance records, school transcripts, military service records, credit records, records of former addresses, and any other public information.

Additionally, I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish the City with any and all information regarding me in connection with my application for or continued employment.

I agree not to assert any claims or causes of action of any kind against the City, its agents, its employees, or any individual contacted by the City, arising out of its investigation. I further release and forever discharge the City, its agents, its employees, and the individuals and companies contacted by the City as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or, suits of any kind or nature whatsoever arising from the City's investigation of my credentials. I acknowledge that the City has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

I further acknowledge that the City has informed me that if its takes any adverse action against me based in whole or in part on information contained in any consumer report, the City will provide me with a copy of the report as well as a written summary of my rights as prescribed under the Fair Credit Reporting Act, as amended.

Signature of Individual \_\_\_\_\_ Date \_\_\_\_\_

Full Name (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Former Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address: \_\_\_\_\_

**This Section For Human Resources Use Only**

Special employment provisions (check if applicable):

\_\_\_\_ Employment with mentally disabled (Purpose code "M")

\_\_\_\_ Employment with elder care (Purpose code "N")

\_\_\_\_ Employment with children (Purpose code "W")

**This Section For Notary Public Use Only**

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

# City of Dalton, Georgia

## POLICE DEPARTMENT

### INSERT FOR EMPLOYMENT APPLICATION

P.O. Box 1205 (30722-1205), 300 W. Waugh St. (30720), Dalton, Georgia

(PLEASE PRINT)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
Date Number State Expiration

Job Applied for: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET COUNTY  
CITY STATE ZIP

Home Phone No.: ( ) Daytime Phone No.: ( )  
AREA CODE AREA CODE

Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Have you ever applied here before? Yes No If yes, when? \_\_\_\_\_

Are you a Georgia Peace Officers Standards and Training council certified peace officer? Yes No  
If yes, certification number: \_\_\_\_\_

Are you a citizen of the United States? Yes No

Do you require special exam accommodations because of a handicap?: Yes No

Have you ever been dismissed from a government job? Yes No

If yes, explain: \_\_\_\_\_

Have ever been a police officer? Yes No

If yes, Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Have you ever received a traffic ticket? Yes No

If yes, Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, list offenses and dates: \_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes No

If yes, list offenses and dates: \_\_\_\_\_



Have you been convicted of a DUI in the last 5 years?      Yes      No

If yes, explain: \_\_\_\_\_

Have you been convicted of five (5) or more moving violations during any 24-month period during the last five (5) years?      Yes      No

Have you been convicted of five (5) or more moving violations during the last three (3) years?      Yes      No

Have you been convicted of three (3) or more reckless driving offenses since attaining age 18, or two (2) or more moving offenses within the last twelve (12) months?      Yes      No

Have you used any illegal drugs (not specifically prescribed for you by a physician) in the last thirty-six (36) months? (This includes but is not limited to; opiates, cocaine, barbiturates, amphetamines, tranquilizers, phencyclidine, hydrochloride (PCP), lysergic acid diethylamide (LSD), and refined tetrahydrocannabinol (THC or hash oil), anabolic steroids.)      Yes      No

Have you used marijuana or synthetic marijuana in the past thirty-six (36) months?      Yes      No

Have you ever sold or distributed illegal drugs?      Yes      No

Have you ever used illegal drugs habitually or excessively during any past time period?      Yes      No

Have you ever used any illegal drugs during employment elsewhere as a police officer?      Yes      No

Are there any pending suits or unsatisfied judgments against you?      Yes      No

Are you presently on probation or deferred adjudication for a criminal offense?      Yes      No

If yes, explain: \_\_\_\_\_

Are there any unsatisfied child support orders against you now?      Yes      No

Have there been any unsatisfied child support orders against you in the past?      Yes      No

Have you ever been arrested due to unsatisfied child support orders?      Yes      No

List any history of nonpayment of debts: \_\_\_\_\_

\_\_\_\_\_

I understand that all applicants are required by the Dalton Police Department to submit to a polygraph examination before being hired. I also understand that if I accept employment with the Dalton Police Department, I am, by signing this application, agreeing to voluntarily submit to future polygraph examinations at any time after I am hired, upon the request of the department as part of an internal investigation;

and

I understand the City of Dalton prohibits smoking of cigarettes or other tobacco products in any enclosed building space owned or leased by the city. I further understand that smoking is prohibited in a city-owned or leased vehicle where at least one occupant of said vehicle is a non-smoker. I also understand that being a smoker will not disqualify me from being employed by the city;

and

I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I also understand that the cost of this exam will be borne by Dalton Police Department. I hereby authorize the release of the results of the examination to Dalton Police Department. This release also applies to all doctors and laboratories utilized in the course of the exam.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# NOTICE

To the Applicant:

Applications received at the Police Department will be reviewed and the applicant will be contacted to clarify any issues not clear on the application or to schedule testing.

Each applicant should provide a **DAY TIME PHONE NUMBER WHERE THEY MAY BE REACHED.**

# DALTON POLICE DEPARTMENT SELECTION PROCESS OVERVIEW

The following is a list of the elements used in selecting a person for employment with the Dalton Police Department. Each component will be administered depending on test and personnel availability in the order determined by the Support Services Division. The selection process may take three months or longer, depending on departmental needs. If you are not selected you may reapply in one year.

## ***Police Officer Positions:***

- 1. Application***
- 2. Peace Officer Standards and Training Council Academy Entrance Exam or Equivalent***
- 3. Physical Readiness Assessment***
- 4. Written Examination***
- 5. Psychological Examination***
- 6. Structured Oral Interview***
- 7. Background Investigation***
- 8. Polygraph Examination***
- 9. Interview with Chief of Police***
- 10. Medical Physical Examination / Drug Screen***
- 11. Approval of the Public Safety Commission***

## ***Civilian Positions:***

- 1. Application***
- 2. Written Examinations***
- 3. Psychological Examination***
- 4. Background Investigation***
- 5. Polygraph Examination***
- 6. Interview with Chief of Police***
- 7. Drug Screen***